

MUNICIPAL SOLID WASTE & RECYCLING SURVEY

Your participation in this survey assists your local solid waste planning agency in developing your planning area's comprehensive solid waste plan. Your response also demonstrates to the state that you have implemented a comprehensive solid waste reduction program for your residents. ***If you need assistance to complete this form, please contact your Local Solid Waste Planning Agency.***

City Name _____ Prepared by _____ Date: _____
 Title _____ Phone # _____ Fax # _____
 Email _____ Planning Area _____

Basic Information

1. Is your city currently part of a 28E agreement with a solid waste agency that addresses integrated solid waste management? ☐ Yes ☐ No

2. How does your city govern the collection of garbage/recycling?

Residential	Commercial	No or Not Applicable
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Garbage Collection:			
a) This city licenses haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) This city contracts with haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Properties contract individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Collected by city crews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling Collection:			
a) This city licenses haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) This city contracts with haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Properties contract individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Collected by city crews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. List the names of all waste and recycling haulers that serve your community, and put a checkmark (✓) in appropriate boxes to indicate their services.

Waste Hauler Name (Public & Private Haulers - If necessary, attach extra pages)	Garbage Collection		Garbage Disposal		Recycling Collection	
	Residential	Commercial	Within Planning Area	Transported Out-of-State	Residential	Commercial
Ex.: Stobbe's Sanitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently is residential garbage collected? *(Check all that apply)*
☐ Weekly ☐ Twice-weekly ☐ Every other week ☐ Does not apply
☐ Other: _____
5. Does your city have a residential Unit-Based Pricing (UBP) program, also known as "Pay As You Throw"? *(UBP is a system in which the cost of garbage collection is dependent on the number or size of bags/cans used)*
☐ Yes ☐ No If yes, what year did the program begin? _____
6. If applicable, briefly describe your UBP program below and/or attach your program's brochure/flyer.
7. If applicable, what is the basis for the UBP program? ☐ Required by City Ordinance
(Check all that apply) ☐ System Provided by Private Hauler
☐ Required by City/Hauler Contract
☐ Required by Iowa Code
☐ Other

Residential Recycling Information

8. Put a checkmark (✓) in appropriate boxes to indicate recycling services for paper, plastic, metal, and glass.

	City	Solid Waste Agency	Private Entity	Not Applicable
a) Who provides <u>curbside</u> recycling collection for your city's residents? <i>(Check all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Who provides <u>drop-off</u> recycling collection for your city's residents? <i>(Check all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What materials are collected as part of your residential recycling program? *(Check all that apply)*

	Curbside	Drop-off	Don't Have Access To
Paper: a) Newspaper b) Corrugated Cardboard c) Office paper d) Box Board (cereal and tissue boxes, etc.) e) Magazines f) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>
Glass: a) Clear Glass b) Brown Glass c) Green Glass d) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>
Metal: a) Steel Cans (tin) b) Aluminum c) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>

	Curbside	Drop-off	Don't Have Access To
Plastic: a) PET #1 (soda & water bottles) b) HDPE #2 (detergent, milk jugs, etc.) c) PVC #3 (salad dressing bottles, etc.) d) LDPE #4 (bread bags, shrink wrap, etc.) e) PP #5 (bottle labels, etc.) f) PS & EPS #6 (packaging peanuts, etc.) g) Other Plastic #7	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>
Other Materials:			

10. If your residents have access to curbside recycling for the above items, how often are they collected?
☐ Weekly ☐ Twice-monthly ☐ Every other week ☐ Monthly
☐ Other: _____
11. If your residents have access to drop-off sites for any of the above items, list the locations/addresses of the sites available to your city.
- a) _____
☐ within city ☐ outside city Hours of operation = _____
- b) _____
☐ within city ☐ outside city Hours of operation = _____
- c) _____
☐ within city ☐ outside city Hours of operation = _____
- d) _____
☐ within city ☐ outside city Hours of operation = _____

Diverted Materials Information

12. What diverted materials are collected from your residents? (Check all that apply)	Curbside	Collection Frequency	Drop-off	Don't Have Access To
Diverted Materials: a) Household Hazardous Waste b) Appliances c) Electronics d) Tires e) Used Oil f) Lead Acid Batteries g) Other _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) _____ b) _____ c) _____ d) _____ e) _____ f) _____ g) _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>

Commercial Recycling Information

13. Do businesses/workplaces in your city have access to recycling programs? ☐ Yes ☐ No
☐ No businesses within the city limits (If No, please skip to "Yard Waste Management Programs" Section)
14. How are recyclable materials collected from businesses/workplaces? (Check all that apply)
- ☐ Collected at the business/workplace by a private hauler.
☐ Collected at the business/workplace by the local solid waste agency.
☐ Collected at the business/workplace by your city or county.
☐ Processed and marketed directly by the business/workplace.
☐ Business/workplace employees drop off recyclables at a recycling center or drop-off site.
15. Does this city require businesses/workplaces to recycle by ordinance? ☐ Yes ☐ No
(If applicable, for more information on this ordinance whom do we contact? _____)

Yard Waste Management Programs

16. What yard waste (i.e., leaves, grass clippings and garden waste) and tree waste (i.e., trees, tree limbs/branches) management options are available in your community? (YW = Yard Waste, TW = Tree Waste) (Check all that apply)
- Backyard Composting: ☐ YW ☐ TW Land Apply on Farm/City Property: ☐ YW ☐ TW
Backyard Burning: ☐ YW ☐ TW Leave it Lay/Mulching Mower Program: ☐ YW
Compost or Mulch Program: ☐ YW ☐ TW Other: _____
17. Does your city operate a burn pile for trees and tree limbs? ☐ Yes ☐ No
(Please note that State Code only allows cities to burn trees and tree trimmings - IAC 567-23.2.)
18. List the locations/addresses of any yard waste management sites available to your city.
- a) _____
☐ within city ☐ outside city Hours of operation = _____
- b) _____
☐ within city ☐ outside city Hours of operation = _____
- c) _____
☐ within city ☐ outside city Hours of operation = _____
- d) _____
☐ within city ☐ outside city Hours of operation = _____

Additional Information

19. What can the Energy and Waste Management Bureau do to assist your city to increase residential and commercial participation in recycling and waste reduction programs?
- _____
- _____
- _____

Please mail or fax this completed survey back to:

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